



Please type a plus sign (+) inside this box +

PTO/SB/122 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. BOX 1450 Alexandria, VA 22313-1450	Application Number	10/675,149
	Filing Date	September 29, 2003
	First Named Inventor	Nachamkin, Jack
	Group Art Unit	2862
	Examiner Name	
	Attorney Docket Number	BING-1-1008

Please change the Correspondence Address for the above-identified application to:						<b>25315</b> CUSTOMER NUMBER	
<input checked="" type="checkbox"/> Customer Number							
<input checked="" type="checkbox"/> Firm or Individual Name		Black Lowe & Graham PLLC					
Address		701 Fifth Avenue, Suite 4800					
City		Seattle	State	WA	ZIP	98104	
Country		USA					
Telephone		(206) 381-3300		Fax	(206) 381-3301		
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number, use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration number _____.</p>							
Typed or Printed Name		Dale C. Barr Reg. No. 40498					
Signature		Dale C. Barr					
Date		April 7, 2004					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
<input checked="" type="checkbox"/> Total of 1 forms are submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending on the needs of the individual case. Any comments about the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner for Patents, P.O. BOX 1450, Alexandria, VA 22313-1450.